

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	6900	5-14-99
O.I.P.E. CLASSIFIER	P	5	5/13
FORMALITY REVIEW	CG	59220	5/20/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date						
Final	Original	1	2	3	4	5	6
1		✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓
3	3	✓	✓	✓	✓	✓	✓
4	4	✓	✓	✓	✓	✓	✓
5	5	N	N	N	N	N	N
6	6						
7	7						
8	8						
9	9						
10	10						
11	11	N	N	N	N	N	N
12	12	V	V	V	V	V	V
13	13	N	N	N	N	N	N
14	14						
15	15						
16	16						
17	17	N	N	N	N	N	N
18	18	V	V	V	V	V	V
19	19	N	N	N	N	N	N
20	20	N	N	N	N	N	N
21	21	✓	✓	✓	✓	✓	✓
22	22	✓	✓	✓	✓	✓	✓
23	23	✓	✓	✓	✓	✓	✓
24	24	✓	✓	✓	✓	✓	✓
25	25	N	N	N	N	N	N
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Claim	Date						
Final	Original	51	52	53	54	55	56
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Claim	Date						
Final	Original	101	102	103	104	105	106
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If more than 150 claims or 10 actions  
staple additional sheet here

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